

DEPARTMENT OF HEALTH AND HUMAN SERVICES

NATIONAL INSTITUTES OF HEALTH

John E. Fogarty International Center

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# NATIONAL INSTITUTES OF HEALTH

## John E. Fogarty International Center

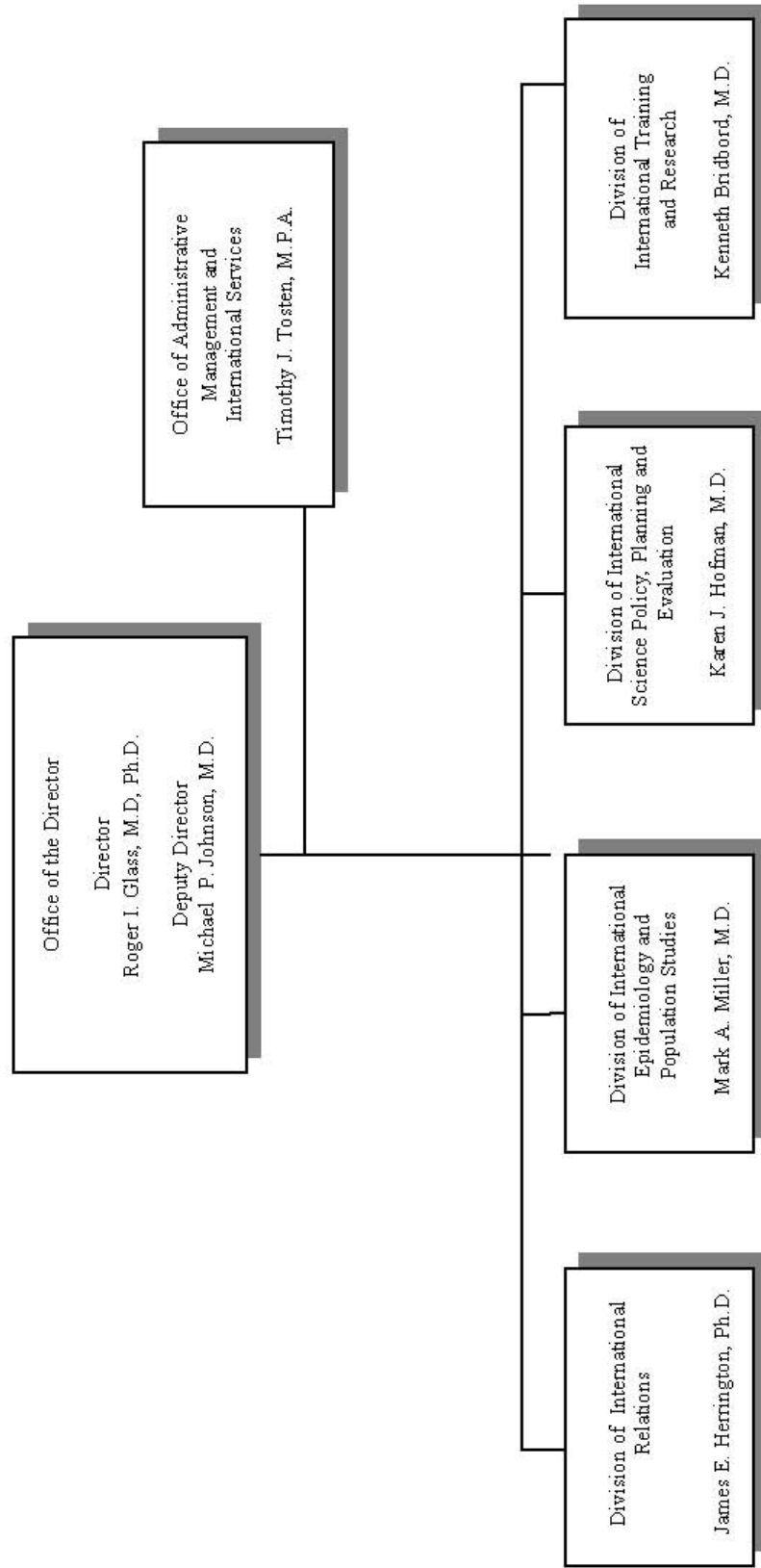


FIG-2

**NATIONAL INSTITUTES OF HEALTH**

John E. Fogarty International Center

For carrying out section 301 and Title IV of the Public Health Services Act with respect to the activities at the John E. Fogarty International Center ~~\$67,741,000~~ **\$66,623,000**

(Department of Health and Human Services Appropriation Act, 2008)

**National Institutes of Health  
John E. Fogarty International Center**

**Amounts Available for Obligation 1/**

Source of Funding	FY 2007 Actual	FY 2008 Enacted	FY 2009 Estimate
Appropriation	\$66,378,000	\$67,741,000	\$66,623,000
Pay cost add-on	68,000	0	0
Rescission	0	-1,183,000	0
Subtotal, adjusted appropriation	66,446,000	66,558,000	66,623,000
Real transfer under Director's one-percent transfer authority (GEI)	-74,000	0	0
Comparative transfer to NIBIB	-5,000	0	0
Comparative transfer to OD	-2,000	0	0
Comparative transfer to NCRR	-17,000	0	0
Comparative transfer under Director's one-percent transfer authority (GEI)	74,000	0	0
Subtotal, adjusted budget authority	66,422,000	66,558,000	66,623,000
Subtotal, adjusted budget authority	66,422,000	66,558,000	66,623,000
Unobligated balance lapsing	-24,000	0	0
Total obligations	66,398,000	66,558,000	66,623,000

1/ Excludes the following amounts for reimbursable activities carried out by this account:  
 FY 2007 - \$2,136,000    FY 2008 - \$4,815,000    FY 2009 - \$4,875,000

**NATIONAL INSTITUTES OF HEALTH**  
**John E. Fogarty International Center**  
(Dollars in Thousands)

Budget Mechanism - Total

MECHANISM	FY 2007 Actual		FY 2008 Enacted		FY 2009 Estimate		Change	
	No.	Amount	No.	Amount	No.	Amount	No.	Amount
Research Grants:								
<u>Research Projects:</u>								
Noncompeting	122	\$9,780	116	\$10,021	121	\$11,070	5	\$1,049
Administrative supplements	(3)	141	(3)	126	(3)	158	(0)	32
Competing:								
Renewal	2	583	0	0	0	0	0	0
New	50	4,059	49	4,416	37	3,335	(12)	-1,081
Supplements	0	0	0	0	0	0	0	0
Subtotal, competing	52	4,642	49	4,416	37	3,335	(12)	-1,081
Subtotal, RPGs	174	14,563	165	14,563	158	14,563	(7)	0
SBIR/STTR	0	0	0	0	0	0	0	0
Subtotal, RPGs	174	14,563	165	14,563	158	14,563	(7)	0
<u>Research Centers:</u>								
Specialized/comprehensive	0	0	0	0	0	0	0	0
Clinical research	0	0	0	0	0	0	0	0
Biotechnology	0	0	0	0	0	0	0	0
Comparative medicine	0	0	0	0	0	0	0	0
Research Centers in Minority Institutions	0	0	0	0	0	0	0	0
Subtotal, Centers	0	0	0	0	0	0	0	0
<u>Other Research:</u>								
Research careers	12	1,311	12	1,311	12	1,311	0	0
Cancer education	0	0	0	0	0	0	0	0
Cooperative clinical research	0	0	0	0	0	0	0	0
Biomedical research support	0	0	0	0	0	0	0	0
Minority biomedical research support	0	0	0	0	0	0	0	0
Other	172	36,343	168	34,418	168	34,289	0	-129
Subtotal, Other Research	184	37,654	180	35,729	180	35,600	0	-129
<b>Total Research Grants</b>	<b>358</b>	<b>52,217</b>	<b>345</b>	<b>50,292</b>	<b>338</b>	<b>50,163</b>	<b>(7)</b>	<b>-129</b>
<u>Research Training:</u>	<u>FTEs</u>		<u>FTEs</u>		<u>FTEs</u>			
Individual awards	0	0	0	0	0	0	0	0
Institutional awards	2	117	2	117	2	118	0	1
Total, Training	2	117	2	117	2	118	0	1
Research & development contracts (SBIR/STTR)	0 (0)	1,431 (0)	0 (0)	3,303 (0)	0 (0)	3,303 (0)	0 (0)	0 (0)
	<u>FTEs</u>		<u>FTEs</u>		<u>FTEs</u>		<u>FTEs</u>	
Intramural research	0	0	0	0	0	0	0	0
Research management and support	54	12,657	56	12,846	56	13,039	0	193
Construction		0		0		0		0
Buildings and Facilities		0		0		0		0
Total, FIC	54	66,422	56	66,558	56	66,623	0	65

Includes FTEs which are reimbursed from the NIH Roadmap for Medical Research

**NATIONAL INSTITUTES OF HEALTH**  
**John E. Fogarty International Center**  
**BA by Program**  
(Dollars in thousands)

<b>Extramural Research</b> <u>Detail:</u>	<b>FY 2005</b>		<b>FY 2006</b>		<b>FY 2007</b>		<b>FY 2007</b>		<b>FY 2008</b>		<b>FY 2009</b>		<b>Change</b>	
	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Actual</b>	<b>Comparable</b>	<b>Enacted</b>	<b>Estimate</b>	<b>Estimate</b>	<b>Estimate</b>	<b>Estimate</b>	<b>Estimate</b>	<b>Estimate</b>	<b>Estimate</b>
	FTEs	Amount	FTEs	Amount	FTEs	Amount	FTEs	Amount	FTEs	Amount	FTEs	Amount	FTEs	Amount
Research Capacity Strengthening														
Institutional Capacity Building		\$34,447		\$35,109		\$32,814		\$32,888		\$32,968		\$33,107		\$139
Development of Human Resources for Global Health Research		\$3,456		\$3,185		\$4,285		\$4,285		\$4,630		\$4,673		\$43
International Collaborative Research		\$17,437		\$16,341		\$16,592		\$16,592		\$16,114		\$15,804		-\$310
<b>Subtotal, Extramural</b>		\$55,340		\$54,635		\$53,691		\$53,765		\$53,712		\$53,584		-\$128
<b>Intramural research</b>														0
<b>Res. management &amp; support</b>	51	11,292	52	11,697	54	12,657	54	12,657	56	12,846	56	13,039	56	193
<b>TOTAL</b>	51	66,632	52	66,332	54	66,348	54	66,422	56	66,558	56	66,623	56	65

Includes FTEs which are reimbursed from the NIH Roadmap for Medical Research

## Major Changes in the Fiscal Year 2009 Budget Request

Major changes by budget mechanism and/or budget activity detail are briefly described below. Note that there may be overlap between budget mechanism and activity detail and these highlights will not sum to the total change for the FY 2009 budget request for Fogarty, which is \$0.065 million more than the FY 2008 Enacted, for a total of \$66.6 million.

Research Project Grants (+\$0 million; total \$14.53 million): Fogarty will support a total of 158 Research Project Grant (RPG) awards in FY 2009. The Budget includes no inflationary increases for noncompeting RPGs and no increases in average costs for competing RPGs. Noncompeting RPGs will increase by 5 awards and increase by \$1.1 million and competing RPGs will decrease by 12 awards and decrease by \$1.1 million. Research, Management and Support receive modest increases to help offset the cost of pay and other increases. Fogarty will continue to support new investigators and to maintain an adequate number of competing RPGs.

Research Capacity Strengthening: Institutional Capacity Building (+\$.14 million; total \$33.10 million): Fogarty will slightly increase the funding level for emerging infectious diseases and the bioethics programs.

Research Capacity Strengthening: Development of Human Resources for Global Health Research (+\$.04 million; total \$4.67 million): Fogarty will increase slightly, building on the progress made with the Fogarty International Clinical Research Scholars Program as well as the Research Career awards.

International Collaborative Research (-\$.31 million; total \$15.80 million): Fogarty will shift funding from programs that are expiring to higher-priority areas such as Development of Human Resources for Global Health Research, and Institutional Capacity Building.

Research, Management and Support (+\$.193 million; total \$13.04 million): The Budget supports pay and other increases.

**NATIONAL INSTITUTES OF HEALTH  
John E. Fogarty International Center  
Summary of Changes**

FY 2008 Enacted		\$66,558,000		
FY 2009 Estimated Budget Authority		66,623,000		
Net change		65,000		
CHANGES	FY 2008 Enacted		Change from Base	
	FTEs	Budget Authority	FTEs	Budget Authority
A. Built-in:				
1. Intramural research:				
a. Annualization of January 2008 pay increase				
		\$0		\$0
b. January FY 2009 pay increase				
		0		0
c. One less day of pay				
		0		0
d. Payment for centrally furnished services				
		0		0
e. Increased cost of laboratory supplies, materials, and other expenses				
		0		0
Subtotal				0
2. Research management and support:				
a. Annualization of January 2008 pay increase				
		\$7,186,000		\$81,000
b. January FY 2009 pay increase				
		7,186,000		156,000
c. One less day of pay				
		7,186,000		(28,000)
d. Payment for centrally furnished services				
		1,520,000		23,000
e. Increased cost of laboratory supplies, materials, and other expenses				
		4,140,000		73,000
Subtotal				305,000
Subtotal, Built-in				305,000



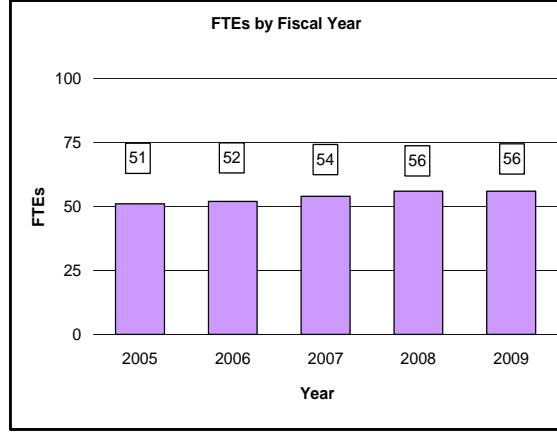
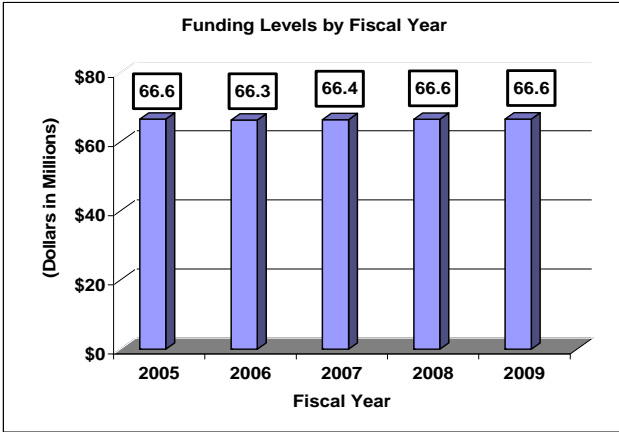
**NATIONAL INSTITUTES OF HEALTH  
John E. Fogarty International Center**

**Summary of Changes--continued**

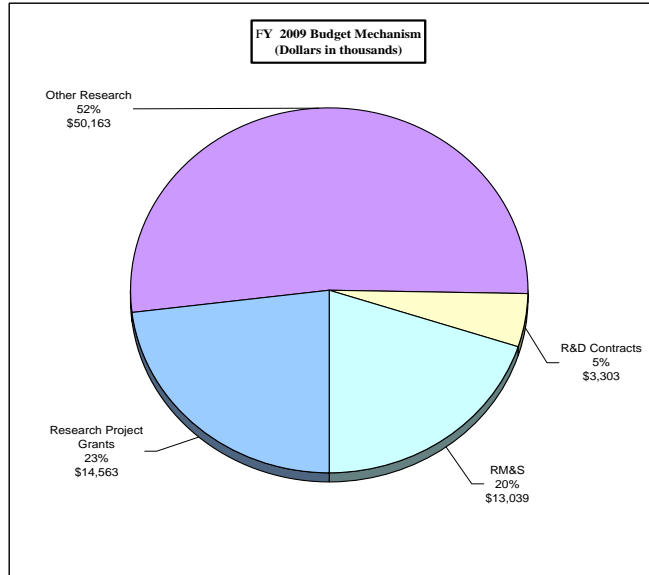
CHANGES	FY 2008 Enacted		Change from Base	
	No.	Amount	No.	Amount
B. Program:				
1. Research project grants:				
a. Noncompeting	116	\$10,147,000	5	\$1,081,000
b. Competing	49	4,416,000	(12)	(1,081,000)
c. SBIR/STTR	0	0	0	0
Total	165	14,563,000	(7)	0
2. Research centers	0	0	0	0
3. Other research	180	35,729,000	0	(129,000)
4. Research training	2	117,000	0	1,000
5. Research and development contracts	0	3,303,000	0	0
Subtotal, extramural				(128,000)
	<u>FTEs</u>		<u>FTEs</u>	
6. Intramural research	0	0	0	0
7. Research management and support	56	12,846,000	0	(112,000)
Subtotal, program		66,558,000		(240,000)
Total changes	56		0	65,000

## Fiscal Year 2009 Budget Graphs

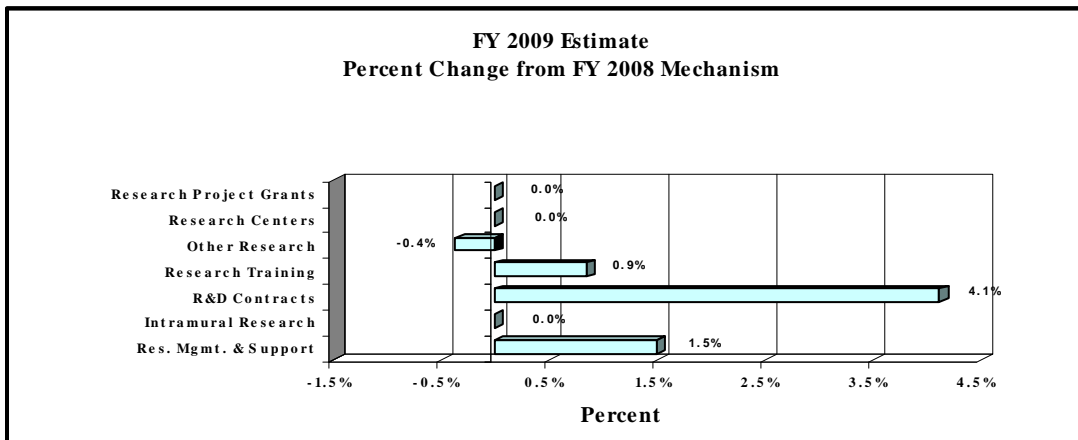
History of Budget Authority and FTEs:



Distribution by Mechanism:



Change by Selected Mechanisms:



**Justification**  
**John E. Fogarty International Center for Advanced Study in the Health Sciences**

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Authorizing Legislation: Section 301 and 307 and Title IV of the Public Health Service Act, as amended.

Budget Authority:

FY 2007 Actual		FY 2008 Enacted		FY 2009 Estimate		Increase or Decrease	
<u>FTE</u>	<u>BA</u>	<u>FTE</u>	<u>BA</u>	<u>FTE</u>	<u>BA</u>	<u>FTE</u>	<u>BA</u>
54	\$66,422,000	56	\$66,558,000	56	\$66,623,000	0	\$65,000

This document provides justification for the Fiscal Year (FY) 2009 activities of the Fogarty International Center (FIC), including HIV/AIDS activities. Details of the FY 2009 HIV/AIDS activities are in the “Office of AIDS Research (OAR)” Section of the Overview. Details on the Common Fund are located in the Overview, Volume One. Program funds are allocated as follows: Competitive Grants/Cooperative Agreements; Contracts; Direct Federal/Intramural and Other.

**DIRECTOR’S OVERVIEW**

In today’s interconnected world, solving global problems requires greater international collaboration than ever before, and challenges in global health are no exception. To effectively confront complex health issues that transcend national boundaries, scientific collaborations must be developed and strengthened. Research advances will more likely occur when investigators can study diseases onsite, whereby in-country scientists partner with outside scientists, building on each other’s strengths and experiences to develop health interventions that are responsive to local and international needs and priorities. This model requires a critical mass of trained, in-country scientists and institutions that are uniquely positioned to address local study populations and to ensure sustainable collaborations with U.S. and other investigators.

The Fogarty International Center, named for a visionary Rhode Island Congressman who long ago understood the importance of U.S. investment in international health research, celebrates its 40<sup>th</sup> anniversary in 2008. Since its inception, it has been the focal point for global health at the National Institutes of Health (NIH). Fogarty supports and facilitates global health research conducted by U.S. and foreign investigators, builds collaborations between U.S. and health research institutions worldwide, and trains the next generation of scientists to address global health needs. Fogarty-supported research and research training programs encompass a wide range of diseases and needs, including HIV/AIDS, malaria, TB and other infectious diseases;

non-communicable diseases such as brain disorders and tobacco-related illnesses; and critical areas that foster a vibrant research environment, including research ethics and informatics for health research. Global health needs are constantly evolving, and the research agenda must adapt to this changing landscape. In an effort to take stock of current challenges and plan for the future, Fogarty has developed a Strategic Plan that will guide priorities through FY 2013. Select goals from this Plan are discussed below.

Address the growing burden of non-communicable diseases. In contrast to sub-Saharan Africa, rapidly developing countries like India, Brazil, Mexico and Bangladesh have seen life expectancies grow every decade for the past 40 years. Population forecasts now predict that by 2030, one out of eight people globally will be 65 or over — 1 billion adults. Fatty diets, less physical activity, and tobacco use are all on the rise in developing countries as a result of industrialization, urbanization and global marketing of goods and products. With increasing longevity, the convergence of risk factors and diseases blurs the distinction between “developing” and developed” countries and calls instead for a common research agenda. International research collaborations to study these diseases in highly endemic areas accelerate scientific advances on how to prevent and treat them. Therefore, Fogarty will increase investments in non-communicable disease research and training over the next several years.

The continuing burden of infectious disease in poor populations, as well as the rapid rate at which microbial agents can evolve, adapt, and develop resistance to antibiotics, demands that Fogarty continue to invest in infectious disease research and training. Fogarty will continue to maintain its investments in HIV, TB, malaria and other communicable diseases, while adapting to meet the changing nature of infectious disease threats.

Advance research and build capacity for implementation science. More resources are being invested in the development of new health technologies, and many interventions have been proven safe and effective. However, many of these interventions have not been implemented on a wide scale due to logistical, cultural, financial, and other barriers. There is a need to ensure that trained researchers can bridge the gap between what we know and what we do and identify the most effective ways to translate research findings into practice. This research identifies barriers to the use of proven interventions and develops strategies to overcome them. Fogarty will advance this area of science, particularly through training foreign scientists in developing countries to conduct this type of research.

Some programs have already made inroads in this field. For example, Fogarty is supporting the President’s Malaria Initiative (PMI) through planning grants in Malawi and Uganda, to be awarded in FY 2008. Several tools to prevent and treat malaria are available and proven; however, how to best deliver malaria interventions to large numbers of vulnerable people and evaluate their impact remains a challenge. Therefore, expanding malaria clinical training and developing expertise in operational and health services research is a priority. Grantees are planning comprehensive research training programs that help to build capacity in PMI countries to address the

challenges of malaria control and to translate research findings into policy and interventions.

Investing in future leaders in global health research. As U.S. investments in global health increase, sustainability of the scientific workforce must be a priority to ensure long-term gains in public health and continued development and improvement of health interventions. As research training of foreign scientists remains a very high priority, Fogarty will continue to support a wide array of research training programs. However, globalization of biomedical research also requires a well-trained cadre of U.S. health scientists able to work seamlessly in diverse settings. To capitalize on the wide interest in global health on U.S. college campuses today, in FY 2008 Fogarty broadened its commitment to provide overseas research experiences for young U.S. scientists by expanding its International Clinical Research Scholars program. Several new NIH Institutes joined the program, and eligibility was extended to include medical residents and fellows, in addition to health sciences students.

Congressman John E. Fogarty was prescient in arguing the needs and rewards of global health research a half century ago, and as such, is extending the Congressman's vision, given that international trade, travel and the Internet have created a truly integrated and interdependent world. Fogarty has set an ambitious course for the years ahead, addressing emerging areas of science and shifting disease burdens, and helping to build the global health research workforce in the U.S. and around the world. Fogarty is dedicated to moving us closer to the ideal of global health, one that reflects the aspiration of every human being on this planet to live a long and healthy life.

## FY 2009 JUSTIFICATION BY ACTIVITY DETAIL

### Program Descriptions and Accomplishments

#### **Research Capacity Strengthening**

***Institutional Capacity Building.*** Fogarty supports eleven research training programs, each designed to enhance research capacity in an area of critical importance to the health of people who live in resource-poor settings. Research advances in global health are more likely to occur when investigators can study diseases onsite. A cadre of local investigators who are connected to institutions supporting high-quality research is essential to ensure a sustainable research workforce in-country that can collaborate with U.S. scientists. Each program takes a long-term approach and provides training at a U.S. academic institution to foster a succession of junior investigators from a foreign institution.

In October 2007, Fogarty conducted an evaluation of the International Collaborative Genetics Research Training Program, in which the first four years of the program's implementation and outputs were examined. The review showed that while progress had been made in training research geneticists in developing countries, Fogarty should reevaluate the trainee selection process, broaden the affiliated regions and institutions, and refine the researcher mentoring qualities needed to support participating trainees. Taking into account the panel recommendations, the program will be revised to be part of a larger Fogarty training program currently under development.

**Budget Policy:** The 2009 budget estimate for Institutional Capacity Building is \$33,107,000, an increase of \$139,000 or .42 percent from the FY 2008 enacted. The program plans for 2009, along with expected accomplishments are as follows:

The Brain Disorders in The Developing World: Research Across the Lifespan program supports research collaborations between developed and developing country investigators related to a variety of brain disorders throughout life that are relevant to low- and middle-income nations.

The Informatics Training for Global Health (ITGH) supports informatics research training in low- and middle-income country institutions in partnership with U.S. institutions and investigators. From genetics research to disease surveillance and clinical trials, global health research is increasingly driven by multinational collaborations and large datasets that require computer-supported management and analysis. A critical need remains for individuals who have the advanced skills to take full advantage of the analytic capacity these tools provide. ITGH continues to encourage collaborations between computer scientists and biomedical and behavioral scientists in areas for training that are broadly defined as any informatics skills that contribute to biomedical or behavioral research in global health. ITGH is increasing the capacity of developing country scientists and medical professionals to design, access and use modern information technology in support of health sciences research. Specifically, this program supports innovative

training programs for developing country biomedical and behavioral scientists and engineers, clinicians, librarians, and other health professionals to increase their capacity to access, manage, analyze, interpret, manipulate, model, display, and share biomedical information electronically. Among other skills, this will increase their ability to conduct multi-site clinical trials and international disease surveillance and prevention programs.

**Portrait of a Program: Building Research Ethics Abroad**

FY 2008 Level: \$1,937,763

FY 2009 Level: \$1,948,763

Change:           \$ 11,000

Biomedical research conducted in developing countries is rapidly expanding. This research highlights major ethical challenges for researchers, raising issues such as access to care during and after clinical trials, vulnerability of research subjects in resource-poor settings, and obtaining meaningful informed consent. These issues are further complicated by unique religious, cultural and historical contexts. Fogarty established the International Research Ethics Education and Curriculum Development Award to develop a cadre of local professionals with expertise in research ethics. The program supports the development of courses and practical experiences such as observing Institutional Review Boards (IRBs) to provide skills required to teach ethics, create ethical guidelines and review systems, review the ethical rigor of research protocols, and conduct ethical medical research in developing countries. These courses provide in-depth training on research ethics while reflecting the unique cultural, social and economic influences that may be present in practice. Since its inception, the program has provided long-term training for close to 500 professionals from nearly 40 countries. Over 50% of these individuals are from Africa, 20% from Asia, and 16% from South America. Many of these professionals have become involved in ethical review or clinical design for research studies at their home institutions. This program has led to the creation and strengthening of IRBs in developing countries, thereby enhancing the ability of NIH and other research entities to conduct international research in accordance with local and international ethical standards.

***Development of Human Resources for Global Health Research.*** Given that biomedical research is an inherently global enterprise, a well-trained cadre of American health scientists with global experience is critical to ensure that the U.S. remains an internationally competitive partner in discovery and innovation in the life sciences. Therefore, Fogarty is firmly committed to supporting young scientists in their desire to explore global health research, and by so doing, helping to nurture the next generation of U.S. leaders in the field. Through specific programs, Fogarty support ensures that U.S. junior scientists and clinicians have the opportunity to engage in international research early in their careers, and provides them with the skill sets, cultural sensitivities, and scientific connections to foreign researchers necessary to make medical discoveries that can benefit everyone.

Fogarty career development awardees have gone on to receive planning or research grants from other NIH Institutes and Centers. These small Fogarty awards have proven very successful in preparing awardees to pursue other and much larger NIH grants. For example, one recent Fogarty awardee received a grant from National Institute of Neurological Disorders and Stroke to examine the epidemiology and etiology of Acute

Flaccid Paralysis in Guatemala based on the unusually high incidence observed during her study of acute infectious neurological diseases. Although the symptoms are similar to those of Guillain-Barre syndrome, the rapid onset, clinical progression and severity of outcome of this type of paralysis are unique, and unusual underlying infections are suspected.

**Budget Policy:** The 2009 budget estimate for Development of Human Resources for Global Health Research is \$4,673,000, an increase of \$43,000 or .93 percent from the FY 2008 enacted. The program plans for 2009, along with expected accomplishments are as follows:

Currently in its fourth year, the Fogarty International Clinical Research Scholars Program provides one-year clinical research experiences for graduate students in health sciences in a low- or middle-income country to encourage a global health perspective for the next generation of researchers. A Fellows/Post-doc Program has been launched to expand the success of the Scholars program to those in more advanced stages of their research and clinical training. Please see portrait below.

The International Research Scientist Development Award Program provides junior U.S. scientists with an opportunity to embark on or enhance their careers in research related to global health, and prepare them for independent research careers. Similar to other NIH career development awards, this award emphasizes and requires a focus on research in developing countries.

**Portrait of a Program: Investing in Future U.S. Global Health Scientists**

FY 2008 Level: \$2,353,763  
FY 2009 Level: \$2,373,763  
Change: \$ 20,000

The Fogarty International Clinical Research Scholars Program (FICRS) responds to the acute need for future clinical investigators who can help translate basic research advances into clinical practice on a global scale. This next generation of clinical researchers will require hands-on experience in conducting clinical trials and clinical research in countries where the disease burdens are highest, typically in low- and middle-income countries (LMICs). The FICRS provides highly motivated U.S. medical and graduate students in the health sciences the opportunity to experience one year of mentored clinical research training at distinguished LMIC research institutions. Each U.S. student is paired with a foreign student, who also receives training as an equal partner. Current training sites include Bangladesh, Botswana, Brazil, China, Haiti, India, Kenya, Mali, Peru, South Africa, Tanzania, Thailand, Uganda, and Zambia. Since its inception, the program has supported nearly 100 U.S. scholars and a comparable number of foreign scholars. After the year of research training abroad, these individuals are often extremely motivated to pursue careers in global health research, but resources and/or opportunities to capitalize on their initial experiences are limited. Therefore, the program has been extended to provide similar support for individuals at the end of their medical residency or during fellowships. In addition, several new NIH Institutes joined this program in FY 2007; consequently, the research projects conducted by the scholars have expanded to address specialties that reflect the particular missions of these Institutes, such as mental health, cancer, and child health.



## **International Collaborative Research**

Fogarty provides leadership to identify areas of research that require increased focus in confronting current and future global health challenges. Its research programs build long-term research collaborations between U.S. and foreign investigators in areas of mutual scientific interest, and bring together scientists of diverse disciplines in a team approach. In general, Fogarty's research programs reflect the fact that most developing countries experienced remarkable gains in life expectancy in the second half of the twentieth century—a demographic shift that demands increased support of a research agenda for chronic non-communicable diseases.

The Fogarty-led interagency program, the International Cooperative Biodiversity Groups, integrates exploration of new therapeutic models from diverse biota around the planet with investments in research capacity building and benefit-sharing policy development. As a byproduct of their research and training activities, two of the projects have recently catalyzed the initiation of new major protected areas in highly diverse and threatened regions of Panama and Madagascar. One new species of tree and previously described sponge and cyanobacteria in one of these reserves have generated promising compounds for development as anti-cancer and anti-HIV drugs.

**Budget Policy:** The 2009 budget estimate for International Collaborative Research is \$15,804,000, an decrease of \$310,000 or -1.96 percent from the FY 2008 enacted. The program plans for 2009, along with expected accomplishments are as follows:

**Ecology of Infectious Diseases:** this program is a joint NIH-National Science Foundation (NSF) initiative which supports efforts to understand the underlying ecological and biological mechanisms that govern relationships between human-induced environmental changes and the emergence and transmission of infectious diseases. The highly interdisciplinary research projects apply both ecological and biomedical methods, and study how environmental events such as habitat destruction, biological invasion, climate change, and pollution alter the risks of emergence and transmission of viral, parasitic, and bacterial diseases in humans and other animals. The EID lays the foundation for the discovery of basic insights about disease transmission, and help public health officials make complex decisions about disease prevention measures and their potential trade-offs with other environmental health risks.

The Fogarty International Research Collaborative Award (FIRCA) fosters international research partnerships between NIH-supported U.S. scientists and their collaborators in countries of the developing world in areas of biomedical and behavioral research. The FIRCA program aims to benefit the research interests of both the U.S. and foreign collaborators while increasing research capacity at the foreign site.

### **Portrait of a Program: Brain Disorders Across the Lifespan**

FY 2008 Level: \$1,207,764  
FY 2009 Level: \$1,227,764  
Change:       \$ 20,000

With the exception of sub-Saharan Africa, brain disorders are the leading cause of morbidity in all regions of the world. Close to 30% of the world's population currently suffer from mental, neurological or behavioral problems. With projected increases in life expectancy and rates of child survival, this staggering percentage is expected to rise even further. In response to this growing burden, Fogarty established an innovative NIH program called "Brain Disorders in the Developing World: Research Across the Lifespan." The purpose is to boost research and research expertise in low- and middle- income countries on a broad spectrum of brain disorders such as autism, learning disabilities, epilepsy, Alzheimer's and Parkinson's disease, schizophrenia and clinical depression. The program, also supported by other NIH Institutes, started with funding for small planning grants that have evolved into full-fledged research projects. Today groundbreaking strides are adding important new dimensions and initiating new areas of research. For example, U.S. investigators and their foreign collaborators are generating key data regarding the long-term cognitive consequences of HIV/AIDS, TB and malaria. Other scientists are studying the relationship between nutrition and brain development in children. Not only has this program fostered an understanding of neurological diseases abroad but it has provided essential clues to treatment and prevention strategies that are applicable to both U.S. and worldwide populations.

### **Research Management and Support (RMS)**

Fogarty's RMS provides administrative, budgetary, logistical, and scientific support to review, award, and monitor research grants, training awards, and contracts. It encompasses strategic planning, coordination, and evaluation of the Center's programs; regulatory compliance; international coordination; international science policy; and liaisons with other Federal agencies, Congress, and the public. Specific functions include an in-house epidemiology section performing mathematical modeling of infectious diseases; international program officers developing partnerships between U.S. scientists and institutions and their counterparts abroad to advance scientific research and training; identification of collaborative opportunities with foreign science funding agencies; and support for all NIH international travel by issuing and tracking official government passports and international visas, review and initial approval of HHS Notice of Foreign Travel requests, and the creation and coordination of official travel cables to U.S. Embassies.

Budget Policy: The 2009 budget estimate for Research Management and Support is \$13,039,000, an increase of \$193,000 or 1.5 percent from the FY 2008 enacted. The Budget supports pay and other increases.

**NATIONAL INSTITUTES OF HEALTH  
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**Budget Authority by Object**

	FY 2008 Enacted	FY 2009 Estimate	Increase or Decrease
<b>Total compensable workyears:</b>			
Full-time employment	56	56	0
Full-time equivalent of overtime and holiday hours	1	1	0
Average ES salary	\$210,000	\$217,000	\$7,000
Average GM/GS grade	11.8	11.8	0.0
Average GM/GS salary	\$93,042	\$96,391	\$3,350
Average salary, grade established by act of July 1, 1944 (42 U.S.C. 207)	\$100,279	\$103,889	\$3,610
Average salary of ungraded positions	154,054	159,600	5,546
<b>OBJECT CLASSES</b>	FY 2008 Enacted	FY 2009 Estimate	Increase or Decrease
<b>Personnel Compensation:</b>			
11.1 Full-time permanent	\$3,800,000	\$3,900,000	\$100,000
11.3 Other than full-time permanent	1,453,000	1,493,000	40,000
11.5 Other personnel compensation	152,000	162,000	10,000
11.7 Military personnel	223,000	226,000	3,000
11.8 Special personnel services payments	0	0	0
<b>Total, Personnel Compensation</b>	<b>5,628,000</b>	<b>5,781,000</b>	<b>153,000</b>
12.0 Personnel benefits	1,283,000	1,303,000	20,000
12.2 Military personnel benefits	275,000	295,000	20,000
13.0 Benefits for former personnel	0	0	0
<b>Subtotal, Pay Costs</b>	<b>7,186,000</b>	<b>7,379,000</b>	<b>193,000</b>
21.0 Travel and transportation of persons	390,000	385,000	(5,000)
22.0 Transportation of things	25,000	25,000	0
23.1 Rental payments to GSA	0	0	0
23.2 Rental payments to others	0	0	0
23.3 Communications, utilities and miscellaneous charges	87,000	87,000	0
24.0 Printing and reproduction	75,000	75,000	0
25.1 Consulting services	425,000	420,000	(5,000)
25.2 Other services	930,000	928,000	(2,000)
25.3 Purchase of goods and services from government accounts	5,261,000	5,281,000	20,000
25.4 Operation and maintenance of facilities	190,000	190,000	0
25.5 Research and development contracts	1,318,000	1,310,000	(8,000)
25.6 Medical care	0	0	0
25.7 Operation and maintenance of equipment	8,000	8,000	0
25.8 Subsistence and support of persons	0	0	0
<b>25.0 Subtotal, Other Contractual Services</b>	<b>8,132,000</b>	<b>8,137,000</b>	<b>5,000</b>
26.0 Supplies and materials	112,000	112,000	0
31.0 Equipment	142,000	142,000	0
32.0 Land and structures	0	0	0
33.0 Investments and loans	0	0	0
41.0 Grants, subsidies and contributions	50,409,000	50,281,000	(128,000)
42.0 Insurance claims and indemnities	0	0	0
43.0 Interest and dividends	0	0	0
44.0 Refunds	0	0	0
<b>Subtotal, Non-Pay Costs</b>	<b>59,372,000</b>	<b>59,244,000</b>	<b>(128,000)</b>
<b>Total Budget Authority by Object</b>	<b>66,558,000</b>	<b>66,623,000</b>	<b>65,000</b>

Includes FTEs which are reimbursed from the NIH Roadmap for Medical Research

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**Salaries and Expenses**

OBJECT CLASSES	FY 2008 Enacted	FY 2009 Estimate	Increase or Decrease
<b>Personnel Compensation:</b>			
Full-time permanent (11.1)	\$3,800,000	\$3,900,000	\$100,000
Other than full-time permanent (11.3)	1,453,000	1,493,000	40,000
Other personnel compensation (11.5)	152,000	162,000	10,000
Military personnel (11.7)	223,000	226,000	3,000
Special personnel services payments (11.8)	0	0	0
<b>Total Personnel Compensation (11.9)</b>	<b>5,628,000</b>	<b>5,781,000</b>	<b>153,000</b>
Civilian personnel benefits (12.1)	1,283,000	1,303,000	20,000
Military personnel benefits (12.2)	275,000	295,000	20,000
Benefits to former personnel (13.0)	0	0	0
<b>Subtotal, Pay Costs</b>	<b>7,186,000</b>	<b>7,379,000</b>	<b>193,000</b>
Travel (21.0)	390,000	385,000	(5,000)
Transportation of things (22.0)	25,000	25,000	0
Rental payments to others (23.2)	0	0	0
Communications, utilities and miscellaneous charges (23.3)	87,000	87,000	0
Printing and reproduction (24.0)	75,000	75,000	0
<b>Other Contractual Services:</b>			
Advisory and assistance services (25.1)	425,000	420,000	(5,000)
Other services (25.2)	930,000	928,000	(2,000)
Purchases from government accounts (25.3)	2,644,000	2,570,000	(74,000)
Operation and maintenance of facilities (25.4)	190,000	190,000	0
Operation and maintenance of equipment (25.7)	8,000	8,000	0
Subsistence and support of persons (25.8)	0	0	0
<b>Subtotal Other Contractual Services</b>	<b>4,197,000</b>	<b>4,116,000</b>	<b>(81,000)</b>
Supplies and materials (26.0)	112,000	112,000	0
<b>Subtotal, Non-Pay Costs</b>	<b>4,886,000</b>	<b>4,800,000</b>	<b>(86,000)</b>
<b>Total, Administrative Costs</b>	<b>12,072,000</b>	<b>12,179,000</b>	<b>107,000</b>

**NATIONAL INSTITUTES OF HEALTH  
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Authorizing Legislation						
	PHS Act/ Other Citation	U.S. Code Citation	2007 Amount Authorized	FY 2008 Enacted	2008 Amount Authorized	FY 2009 Budget Estimate
Research and Investigation	Section 301	42§241	Indefinite		Indefinite	
International Cooperation	Section 307	42§242i	Indefinite	\$66,558,000	Indefinite	\$66,623,000
John E. Fogarty International Center	Section 482	42§287b	Indefinite		Indefinite	
<b>Total, Budget Authority</b>				<b>66,558,000</b>		<b>66,623,000</b>

**NATIONAL INSTITUTES OF HEALTH  
John E. Fogarty International Center**

**Appropriations History**

Fiscal Year	Budget Estimate to Congress	House Allowance	Senate Allowance	Appropriation <sup>1/</sup>
2000	23,498,000 <sup>2/</sup>	40,440,000	43,723,000	43,723,000
Rescission				(229,000)
2001	32,532,000 <sup>2/</sup>	50,299,000	61,260,000	50,514,000
Rescission				(21,000)
2002	56,449,000	56,021,000	57,874,000	56,940,000
Rescission				(81,000)
2003	63,088,000 <sup>3/</sup>	63,088,000	60,880,000	63,880,000
Rescission				(415,000)
2004	64,266,000	64,266,000	65,900,000	65,800,000
Rescission				(418,000)
2005	67,182,000	67,182,000	67,600,000	67,182,000
Rescission				(550,000)
2006	67,048,000	67,048,000	68,745,000	67,048,000
Rescission				(670,000)
2007	66,681,000	66,681,000	66,832,000	66,378,000
2008	66,594,000	67,599,000	68,000,000	67,741,000
Rescission				(1,183,000)
2009	66,623,000			

<sup>1/</sup> Reflects enacted supplementals, rescissions, and reappropriations.

<sup>2/</sup> Excludes funds for HIV/AIDS research activities consolidated in the NIH Office of AIDS Research.

<sup>3/</sup> Reflects a decrease of \$292,000 for the budget amendment for Buildings and Facilities.

**NATIONAL INSTITUTES OF HEALTH  
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**Details of Full-Time Equivalent Employment (FTEs)**

OFFICE/DIVISION	FY 2007 Actual	FY 2008 Enacted	FY 2009 Estimate
Office of the Director	12	13	13
Office of Administrative Management and International Services	11	12	12
Division of International Training and Research	11	11	11
Division of International Relations	10	10	10
Division of International Science Policy, Planning and Evaluation	5	5	5
Division of International Epidemiology and Population Studies	5	5	5
<b>Total</b>	<b>54</b>	<b>56</b>	<b>56</b>
Includes FTEs which are reimbursed from the NIH Roadmap for Medical Research			
FTEs supported by funds from Cooperative Research and Development Agreements			
	(0)	(0)	(0)
FISCAL YEAR	Average GM/GS Grade		
2005	11.6		
2006	11.2		
2007	11.7		
2008	11.8		
2009	11.8		

**NATIONAL INSTITUTES OF HEALTH  
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**Detail of Positions**

GRADE	FY 2007 Actual	FY 2008 Enacted	FY 2009 Estimate
Total, ES Positions	1	1	1
Total, ES Salary	\$202,000	\$210,000	\$217,000
GM/GS-15	8	8	8
GM/GS-14	12	13	13
GM/GS-13	5	4	4
GS-12	7	8	8
GS-11	1	2	2
GS-10	0	0	0
GS-9	6	7	7
GS-8	1	2	2
GS-7	3	3	3
GS-6	0	0	0
GS-5	0	0	0
GS-4	1	1	1
GS-3	0	0	0
GS-2	1	1	1
GS-1	0	0	0
Subtotal	45	49	49
Grades established by Act of July 1, 1944 (42 U.S.C. 207):			
Assistant Surgeon General	0	0	0
Director Grade	2	2	2
Senior Grade	0	0	0
Full Grade	0	0	0
Senior Assistant Grade	0	0	0
Assistant Grade	0	0	0
Subtotal	2	2	2
Ungraded	15	17	17
Total permanent positions	48	52	52
Total positions, end of year	63	69	69
Total full-time equivalent (FTE) employment, end of year	54	56	56
Average ES salary	202,000	210,000	217,000
Average GM/GS grade	11.7	11.8	11.8
Average GM/GS salary	89,044	93,042	96,391

Includes FTEs which are reimbursed from the NIH Roadmap for Medical Research.